



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner



Breast Pump Loaner Program - Agreement Form
Maine CDC WIC Nutrition Program ~ *Supporting and Promoting Breastfeeding*

Loaning Agency Contact Information

Agency Name:

Pump #:

Address:

Telephone:

Fax:

Participant Information

Participant's (Mom) Name:

Participant's (Mom) ID#:

Baby's Name:

Baby's ID#:

DOB:

Address:

Home Phone#:

Alternate Phone#:

Reason for Loaner Pump:

Loan Agreement:

I understand that the Maine CDC WIC Nutrition Program is providing me with a loaner breast pump.

I understand that pumps are loaned out to participants on a priority basis and I will surrender the pump if requested to do so or should a higher priority than mine arise.

I understand I must return the pump if:

- I miss my appointments or stop coming to WIC
- Baby has reached first birthday
- Medical need has resolved
- Baby receiving supplemental formula in excess of allowed amount
- WIC staff unable to reach me to assess continued need for pump rental

I know I am responsible for the breast pump and I must return the pump in the same condition I received it in. I understand that if I do not return the pump or I damage the pump, the WIC Program can charge me for the total cost of the pump. I understand that this pump could be worth as much as \$1000.00.

WIC Authorizing Signature

Participant Signature

Date

Assembly, Use & Cleaning Reviewed _____
Staff Initials

Pump returned on _____